



PROFESSIONAL LICENSING AGENCY COMMENT CARD

State Form 46716 (R / 3-06)

The primary objective of our agency is to serve the public, applicants and licensees in an efficient and courteous manner. The people we serve have the right to expect prompt replies to inquiries, courteous service, accurate correspondence and overall correct completion of application licensure requirements. Please assist this office in evaluating our strengths and weaknesses by answering the following questions. If an attachment is necessary, please mail this survey with all correspondence to our office. YOUR RESPONSES ARE APPRECIATED AND VALUABLE IN OBTAINING OUR GOAL.

1. Type of profession?

2. What service was provided to you?

3. Were the services provided to you in an accurate, timely and professional manner? *(please explain)*

4. Name of individual(s) who assisted you?

5. Did you contact this agency by telephone, correspondence, or in person?

6. Did you find our website helpful?

Additional comments / suggestions:

THANK YOU FOR TAKING YOUR TIME TO COMPLETE THIS QUESTIONNAIRE SO THAT WE MAY BETTER SERVE YOU.

OPTIONAL: Name

Address *(number and street)*

City, state, and ZIP code

Telephone number
()

E-mail address

PLACE
POSTAGE
HERE

PROFESSIONAL LICENSING AGENCY
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